

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09652284	FILING DATE
							APPLICANT(S) 239	
153 (164) CLAIMS								
	AS FILED		1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09652,284

FILING DATE

APPLICANT(S)

5-28-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2	1						52		2				
3		1					53		2				
4		1					54		2				
5		4					55		2				
6	X						56		2				
7	X						57		2				
8		4					58		2				
9		4					59		2				
10		4					60		2				
11		4					61		4				
12		4					62	X					
13		4					63						
14		4					64	1					
15		4					65		1				
16		4					66		1				
17		4					67		1				
18		4					68		1				
19		4					69	X					
20		4					70						
21		4					71	X					
22		4					72	X					
23		4					73	X					
24		4					74		1				
25		4					75						
26		4					76	X					
27		4					77	X					
28		4					78	X					
29		4					79	X					
30		4					80	X					
31	X						81						
32	X						82						
33	X						83						
34		4					84						
35	X						85						
36	X						86						
37		4					87						
38		4					88						
39		4					89						
40		4					90						
41		4					91						
42		4					92						
43		4					93						
44		4					94						
45	X						95						
46	X						96						
47	X						97						
48	X						98						
49		2					99						
50		2					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	164						TOTAL DEP.						
TOTAL CLAIMS	167						TOTAL CLAIMS						